

Patent
Attorney Docket No. 019219-013

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

9 pages

MAIL STOP: AF

RECEIVED
CENTRAL FAX CENTER

MAR 12 2004

OFFICIAL

In re Patent Application of
Arie Cornelis BESEMER et al.
Application No.: 09/937,326
Filing Date: September 25, 2001
Title: Hygienic Absorbent with Odour Control

Group Art Unit: 3761
Examiner: C. L. Anderson
Confirmation No.: 9428

AMENDMENT/REPLY TRANSMITTAL LETTER

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Enclosed is a reply for the above-identified patent application.

- A Petition for Extension of Time is also enclosed.
- Terminal Disclaimer(s) and the \$55.00 (2814) \$110.00 (1814) fee per Disclaimer due under 37 C.F.R. § 1.20(d) are also enclosed.
- Also enclosed is/are _____

- Small entity status is hereby claimed.
- Applicant(s) requests continued examination under 37 C.F.R. § 1.114 and enclose the \$385.00 (2801) \$770.00 (1801) fee due under 37 C.F.R. § 1.17(e).
- Applicant(s) requests that any previously unentered after final amendments not be entered. Continued examination is requested based on the enclosed documents identified above.
- Applicant(s) previously submitted _____

on _____, for which continued examination is requested.
- Applicant(s) requests suspension of action by the Office until at least which does not exceed three months from the filing of this RCE, in accordance with 37 C.F.R. § 1.103(c). The required fee under 37 C.F.R. § 1.17(i) is enclosed.
- A Request for Entry and Consideration of Submission under 37 C.F.R. § 1.129(a) (1809/2809) is also enclosed.

BURNS DOANE
BURNS DOANE SWECKER & MATHIS LLP
INTELLECTUAL PROPERTY LAW

AMENDMENT/REPLY TRANSMITTAL LETTER

Page 1 of 2
(01/04)

Attorney Docket No. 019219-013

Application No. 09/937,326

- No additional claim fee is required.
- An additional claim fee is required, and is calculated as shown below.

AMENDED CLAIMS

	No. of Claims	Highest No. of Claims Previously Paid For	Extra Claims	Rate	Additional Fee
Total Claims	7	MINUS 10 =	0	x \$18.00 (1202) =	\$ 0.00
Independent Claims	2	MINUS 2 =	0	x \$86.00 (1201) =	\$ 0.00
If Amendment adds multiple dependent claims, add \$290.00 (1203)					
Total Claim Amendment Fee					\$ 0.00
<input type="checkbox"/> Small Entity Status claimed - subtract 50% of Total Claim Amendment Fee					\$ 0.00
TOTAL ADDITIONAL CLAIM FEE DUE FOR THIS AMENDMENT					\$ 0.00

- A check in the amount of _____ is enclosed for the fee due.
- Charge _____ to Deposit Account No. 02-4800.

The Director is hereby authorized to charge any appropriate fees under 37 C.F.R. §§ 1.16, 1.17, 1.20(d) and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 02-4800. This paper is submitted in duplicate.

Respectfully submitted,

BURNS, DOANE, SWECKER & MATHIS, L.L.P.

P.O. Box 1404
Alexandria, Virginia 22313-1404
(919) 941-9240

By Mary B. Grant
Mary B. Grant
Registration No. 32,176

Date: March 12, 2004

I hereby certify that this correspondence is being submitted by facsimile transmission to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, to the following facsimile number:

Facsimile Number: 1.703.872.9306

Date of Transmission: March 12, 2004


Donnie S. Dietrich
Typed Name: